

ACR Recommendations For Women at Higher-Than-Average Risk

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Indication	Mammogram	MRI
Genetic Risk (1st degree)	Annual @ 30 yo	Annual @ 25- 30 yo
Risk > 20%	Annual @ 30 yo	Annual @ 25- 30 yo
Chest Rad Therapy < 30yo	Annual > 25 yo, 8 yrs post	Annual @ 25- 30 yo
Personal CA and < 50 yo	Annual	Annual
Personal CA and Dense	Annual	Annual
Personal CA and ADH, Lobular neoplasia, other risk factors	Annual	Consider Annual
	** Alternate mammo / MRI @ 6 month intervals	** MRI on LMP Day 6-10

Genetic Based Risk (and untested 1st Degree Relatives) or Calculated Risk > 20%
 — DB/ DBT annual @ 30

Hx Chest radiation therapy < 30 yo
 — DB/ DBT @ 25, or 8 years post XRT (not before 25)

Genetic Risk (1st degree relative), Calculated Risk > 20%, Chest XRT > 10 Gy before 30
 — MR annual 25-30

Personal Hx breast cancer and Dense tissue or Dx < 50 yo
 — Annual MRI

Personal Hx breast cancer with ADH, ALH or LCIS, other risk factors
 — Consider annual MRI

** Genetic - BRCA1, BRCA2, TP53 and CHEK2 (Li-Fraumeni Syn), PTEN (Cowden and Bannayan-Riley-Ruvalcaba Syn), CH11 (Hereditary diffuse gastric CA), STK11 (Peutz-Jeghers Syn), PALB2 (interacts with BRCA2), ATM (ataxia-telangiectasia) genes.

**All women especially Black and Ashkenazi Jewish decent, should be evaluated for breast cancer risk no later than age 30

** Tyrer Cuzick, or IBIS, model is most comprehensive, most time intensive
 ACS - 1st/2nd Degree — Claus, Tyrer-Cuzick, BRCAPRO, Breast/Ovarian Ds Analysis

** For elevated risk limited to increased breast density, ultrasound can be considered for adjuvant screening, after weighing risks and benefits (If using DBT instead of DM, benefit whole breast US reduced and FP rate relatively higher)

** Molecular Breast Imaging (MBI) not recommended for screening surveillance